SEXUAL AND REPRODUCTIVE HEALTH ISSUES AMONG ADOLESCENT GIRLS OF SLUMS

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Synopsis

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INTRODUCTION

Adolescence refers to the period of human growth that occurs between childhood and adulthood. Adolescence begins at around age 10 and ends around age 19. Adolescence is a transition stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Adolescence is usually associated with the teenage years but its physical, psychological or cultural expressions may begin earlier and end letter. For example, puberty now typically begins during preadolescence, particularly in females. Adolescence is a bridge period, a time of shifting from one stage to another.

Through understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transition involving education, training, employment and unemployment, as well as transitions from one living circumstances to another.

There is need to focus on adolescent girl's health concerning sexual and reproductive health issues. A global development community is starting to pay more attention to girls. Girls perceive and react to their bodies differently from boys; following "traditional" stereotyped models. Communication within the family appears to be particularly important during the adolescent years especially concerning reproductive health issues. Family communication affects adolescent's identity and role taking ability (Cooper et al., 1982). Many female patients express anxiety and conflict in terms of concern about their bodies (Rosenbeaum, 1977). Adolescent girls constitute a vulnerable group not only with respect to their social status but also in relation to health. Menstruation is a natural phenomenon among matured females who experience shedding of blood for 1-7 days every month. Though menstruation is a normal physiological process, it is often not discussed openly in our society, considering menstruation to be inconvenient or embarrassing topic to discuss. Clearly, adolescent girls need sexual and reproductive health information.

Adolescents

The sociology of adolescence focuses on biological, social, economic and psychological development of youth during the period between childhood and adulthood. In this period, typical youth undergo puberty, consolidate cognitive reasoning abilities and attain majority starts and social privilege. The period following the onset of puberty during which a young person develops from a child into adult. Adolescence refers to the period of human growth that occurs between childhood and adulthood. Adolescence begins at around age 10 and ends around 21.

Developmental Stages of Adolescence

Adolescence can be conveniently divided into three sub-periods

1. Early Adolescents – 10-13 years
2. Mid adolescence – 14-16 years
3. Late adolescence – 15-19 years

Early Adolescence

In this period the developmental changes and the onset of puberty initiated and indicated by the growth spirit. During this period, the adolescents remain home-centered. His behavior may temporary show a disorganized, erratic along with decrease willing to accommodate the expectation of his parents and others while wilder-mood swings and periodic bouts of feeling ill-treated end.

Mid Adolescence

In this period follows puberty by about one to one and a half years. In this age, the first tentative interest and approach towards the opposite sex usually takes place. The awakening of heterosexual interest often disrupts previous peer grouping and intimate friendships. Characteristically, this is the stage when adolescent rebellion starts, the period of irritability, wide mood swings and rapidly changing feelings. Early sexual exploration begins.

Late Adolescence

This is the period of transition as the young consolidates his identity and comes to grips with his future. Feeling him a more complete and separate person. He is more able by his stage to form and maintain truly intimate relationships with others who beliefs, ideas and motives he/she can see and respect as clearly as he/she does his own.

Reproductive and Sexual Health of Adolescent Girls: The Need to Focus

The world health organization (WHO) defines adolescence as the second decade of life, between the ages 10 and 19 years whereas youth refers to period between 15 and 24 years age group 1.2 billion adolescents stand at the challenging crossroads between childhood and the adult world. India is home to more than 243 million adolescents, who account for almost 20% of the country's population. This huge number itself is a big challenge to address the problems and issues of all adolescent girls. Focus on adolescent girls because they have real SRH issues that need to be addressed. An important aspect of neglected adolescent girls is that their sexual and reproductive health, they do not reveal their reproductive health problems and tend not to use the healthcare services they actually need. This may be due to inadequate information; limited access to financial resources or negative attitude of people. Menstruation irregularities and hirsutism are emerging as a major reproductive problem due to lack of education, lack of information and lack of awareness. Hence, it is necessary to create awareness regarding reproduction and sexual health related facet.

LIETATURE REVIEW

Rajgopal Shobhita, Mathur Kanchan (2017) – describes that the onset of menstruation is one of the important changes occur the lives of adolescent girls. It brings many challenges with it. Menstruation is often dealt with in secrecy in many cultures and communities. In India, restrictions are placed on women and girls during menstruation, and the tradition of excluding menstruating women and girls from various activities continues. Adolescent girls also suffer from myriad health problems associated with menstruation. Many lack of the facilities and resources they need for menstrual hygiene. This article draws on research into the experiences and challenges faced by adolescent girls in managing menstruation at school and home in the slums of Jaipur, Rajasthan. It argues that the continued silence around menstruation needs to be broken: not only by addressing the practical issues of menstrual management, but also by creating a supportive environment for empowering girls with information about their bodies, and destigmatizing the issue of menstruation.

Jain Narmada, Singhal Meghna (2017) - explain that parental communication about sex is found to be crucial factor is preventing sexual risk-taking behavior of an adolescent. Open communication among urban Indian parents and adolescents about SRH issues is low, even though both groups highlights the importance of having sexual communication and provision of education to adolescents. Evidence shows that parent-adolescent communication about issues relating to sexual and reproductive health (SRH) is not very common in India.

Eram Uzma (2017) – stated that hygiene related practices of women during menstruation are of considerable importance especially for young girls who do not have experience especially during the onset, at menarche. Many studies have shown poor menstrual hygiene practice during adolescence. Improper use of menstrual hygienic materials may associate with the risk of developing toxic shock syndrome (TSS) UTI and PID. Poor practices increase vulnerability to reproductive tract infections. Attitude of parents in discussing the related issues are obstacle to the right kind of information, especially in the rural areas. Poor personal hygiene and unsafe sanitary conditions result in gynecological problems. Infections due to lack of hygiene during menstruation are often reported. Repeated use of unclean napkins before its reuse results in harboring of microorganisms causing vaginal infections.

MohiteRajsinh V &MohiteVaishali R (2016) – defines menstruation, though, natural process, still regarded as something unclean or dirty in Indian society and linked with several misconceptions and practices which reverse health outcomes. Objectives of the study were to assess the menstruation hygiene practices and utilization of health care services by adolescent girls residing in slum dwellings.

Khopkar Sushma A, Virtanen Suvi M & Kulathinal Sangita (2014) –purposes the anthropometric status and growth of adolescents living in challenging conditions such as slums are insufficiently studied. The purposes here are to describe anthropometric characteristics and nutritional status of adolescents from urban slums of India and to study the factor affecting it. Methods, Anthropometric, socioeconomic and dietary habit data were collected using structured questionnaires of six hundred adolescents aged 10-19 years by house-to-house survey. It focused on mother's education, household size and dietary intake. Educating mothers about the nutritional needs of adolescents may help to improve adolescents' anthropometric profile and future health.

Singh Sunitha & Gururaj Gopalkrishna (2014) –observed the critical phase of life, is a period of major physical, psychological and behavioral changes with changing patterns of social interactions and relationships. Many biological changes occur during puberty including increase in height and weight, complexion of skeletal growth accompanied by an increased in skeleton mass, sexual maturation and changes in body composition.

Aradhya Gayatri Hemanth (2013) – has been discussed about problems of adolescence. During this period, changes occur in the pattern of thinking, attitudes, ideas relationships and moral standards among adolescents and this transition is uneven. Those who are going through this period of life require special attention from the parents, family and the society as a whole. Young and growing children have poor knowledge and lack of awareness about physical and psychological changes that occurs during adolescence and the ill health affecting them.

Jhansi. S.C (2010) –describes reproductive health is a state of complete physical, mental and social well being and not merely the absence of discuss or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore, implies that people are able to have a

safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

J Ornelas India, Perreira Krista M & Ayala Gaudalupe X (2007) – describes parental influences on adolescent physical activity: a longitudinal study during childhood and adolescence, families critically influence their children's health behavior including physical activity. Parents model behavior for their children, engage in activities with them, monitor their children's behavior and provide support and encouragement that can result in behavior change and positive health outcomes.

Panthaki (2005)-give information that clarifying doubts, alleviate anxieties, help to build self-esteem, provide guidance in making responsible decisions instill human values in young people even she covers various aspects of human sexuality, including basic reproductive physiology, physical and emotional changes that occur with growing up, changing family roles, healthy and responsible and the importance of dignity and mutual respect.

Harvey. W. Zorbaugh (1989) – describes about the physical conditions of the slum and also the state of social organization in the slum areas of Chicago city. They write that the slum is a distinctive area of the disintegration and disorganization. It is an area of dilapidated dwellings, may which, the owners, waiting to sell the land for commercial purposes, allow deteriorating. The slum is an area of freedom and individualism. Aside from a few marooned families a large part of the nation's population is transit, prostitutes, criminals and Outlaws.

Christopher Elphis (1980) – analyzed the various types of sexual difficulties, as many sexual problems have their origin in ignorance, misinformation and certain types of negative social conditioning received from parents and society, the social worker has a definite role in helping to clear up misunderstanding further, as sexual problems are exacerbated by poor communication between adolescents and parents.

Sugar Max (1979)-explained that there is evidence that adolescence is associated with more psychological disturbance in girls than in boys. The onset of menstruation is one of the dramatic scenes during the adolescent's period. It is a significant marker in both biological and psychological development.

STATEMENT OF THE PROBLEM

Adolescence is also one of the crucial periods one must pass through in life. It is the period of life in between childhood and adulthood accompanied by a rapid increase in the rate of physical growth and changes involving physical development. Even if adolescents dispense many characteristics with adults, their health related requirements are different. Adolescent's sexuality and reproductive health remains a global challenge especially in developing countries. Although most adolescents become sexually active before the age of 20, the sexual contacts are generally unprotected (WHO, 1998).

Sexuality is considered a repellent topic that is not talked about exorbitantly in our society. Furthermore, parents need accurate information and support to feel more comfortable and confident that they poses the necessary communication skills to be effective familial sex communication can lead to decreased adolescents in speaking about adolescent sexuality can prevent effective sex education from occurring (Burgess et al, 2005). While there has been some research done on the sexual and reproductive health issues among adolescent girls in slums, still results tend to indicate that the awareness level regarding reproductive and sexual health issues is low. Discussing sexual and reproductive health in public has always been a taboo in traditional cultures. Menstruation and menstrual practices are clouded by taboos in slums and social-culture restrictions resulting in adolescent girls remaining ignorant of the scientific fact and hygienic health practices, which sometimes result into adverse health outcome to find out the status of menstrual hygiene among adolescent girls. In India, as parents do not talk to their children about reproductive health issues, they do not want their children to do anything about sexual, and they ignore confronting their adolescent girls on what they are doing concerning sexuality. Adolescent girls have a less information and knowledge about sexuality and reproductive health matter related to their bodies. In such a scenario, lack of awareness regarding safe sexual and reproductive health practices can have consequences. Hence, this sociological research effort to describe the sexual and reproductive health issues among adolescent girls in the slum dwellings in Agra district.

SIGNIFICANCE OF THE STUDY

A study sexual and reproductive health issues among adolescent girls in slum areas of Agra. Adolescent girls constitute a vulnerable group, particularly in India where female child is neglected one. Various studies have been done especially on the topic of sexual and reproductive health issues among adolescent girls in slums and prove that vast majority of parents and teachers are unwilling to take up the responsibilities of providing menstruation, menstrual hygiene and reproductive health education to their daughters. Parents have problem interacting to their girls, giving them advice, knowing their true feeling, and explaining things to them. And also girls may have difficulty talking to their parents and teachers expressing opinions, discussing things that bother them, or relating their experience, having difficulty in communication with both parents (Barnes and Olson, 1985).

It has been observed that menstruation still regarded as something unclean and dirty in India society. Although menstruation is a natural process, it is linked with several misconceptions and practices. Even mothers, mostly illiterate and ill-informed themselves restrict their communication with daughters to the topic of menstruation only and are reluctant to touch on issues of reproductive wellness. Knowledge and awareness about reproductive and sexual health issues among adolescent girls were dismal; parents' educational status does not play much of a role in the same. Incomplete knowledge regarding the subject gained through friends who are themselves ill-informed can lead to not only health but also psychological problems in these adolescent girls. This study is showed that there has not been any significant change in people's attitudes towards sexual and reproductive health issues. This study helps in recognizing the problems of adolescent girls and also tries to find out the way to maximize the awareness about sexual and reproductive health issues among adolescent girls in slums. To achieve this, the study sought to answer the following research question:

Research Question:

1. How do the people living in slums perceive the issues of menstruation?
2. What is the status of personal hygiene among adolescent girls living in slum areas?
3. Do adolescent girls face challenges and barriers in communication

regarding sexual and reproductive health issues in slums?

4. Whether parents ignoring the concern regarding sexual issues in slums?

OBJECTIVE OF THE STUDY

The main objective of present research work is to study sexual and reproductive health issues among adolescent girls in slums of Agra.

Other objectives of the study are as follow:

1. To study the socio-economic background of adolescent girls in slums.
2. To elicit the perception regarding menstruation in slums.
3. To find out the status of personal hygiene among the adolescent girls living in slums of Agra.
4. To know the challenges and barriers faced by adolescent girls in communication with parents regarding sexual and reproductive health issues.
5. To study the degree of awareness among adolescent girls and parents regarding sexual and reproductive health issues in slum areas.

HYPOTHESIS

On the basis of literature, and personal experience as a member of community the researcher has formulated the following hypothesis:

1. The socio-economic background of adolescent girls in slums is very low.
2. There is negative perception regarding menstruation in slums.
3. Adolescent girls do not maintain personal hygiene in slums of Agra city.
4. Adolescent girls hesitate to communicate with parents due to family-values in slums of Agra.
5. The level of awareness amongst adolescent girls in slums of Agra is low.

OPERATIONALIZATION OF CONCEPT

We operationalization a concept of sexual and reproductive health issues among adolescent girls in slums of Agra city and the variable of following keywords will be defined below:-

- **Adolescent Girls**- age 10-19 (WHO)
- **Sexual and Reproductive Health –** Menstruation related issues, communication issues with parents regarding SRH, facility status in slums and menstrual hygiene level.
- **Slum** – Slum as " residential areas which are physically and socially deteriorated and in which satisfactory family life in impossible" .

OUTLINE OF RESEARCH METHODOLOGY

UNIVERSE OF THE STUDY

Present study will be focused on adolescent girls (10-19) of 4 slums out of 213 (registered) in Agra city that is Bapu Nagar, Surjepur, Nagla Hawelli and J.P Nagar Mau. 4 slums will be selected through simple random sampling.

S.NO.	SLUMS NAME	TOTAL POPULATION	HOUSEHOLDS
1.	BAPU NAGAR	3809	391
2.	SURJEPUR	428	71
3.	NAGLA HAWELLI	2837	278
4.	J.P NAGAR MAU	1527	261
TOTAL		8,601	1,001

Source – District and Urban Development Agency list by Nagar Nigam Office of Agra.

SAMPLING OF THE STUDY

In order to get the information related to present study 280 adolescent girls will be chosen through simple random sampling which will lies under 250 families of the total families of the area of the study.

RESEARCH DESIGN

Exploratory research design will be used to analyze the sexual and reproductive health issues among adolescent girls of slums in Agra district in Uttar Pradesh.

UNIT OF THE STUDY

The unit of the study will be adolescent girls (the age of 10-19) living in slums of Agra city.

TOOLS OF DATA COLLECTION

Both primary as well as secondary data will be used. Primary data will be collected through interviews schedule, non-participant observation and some case studies will also be used for data. Secondary data will be collected through books, journals, e-libraries, previous research and Census Survey Report.

ANALYSIS OF DATA

Based on the nature of data and information percentage will be used for statistical analysis in the study.

TENTATIVE CHAPTERIZATION

CHAPTER-I

INTRODUCTION

- Context of the study
- Conceptual and Theoretical Clarification of the Problem
- Literature Review
- Analytical Perspective
    - Statement of the Problem
    - Significance of the Study
- Planning of the Study
    - Objectives
    - Hypothesis
    - Research Methodology
- Field of the Study

CHAPTER-II

- Socio- Economic background of adolescent girls in slums.

CHAPTER-III

- Perception regarding menstruation in slums.

CHAPTER-IV

- Personal hygiene level among adolescent girls living in slums.

CHAPTER-V

- Challenges and barriers faced by adolescent girls in communication with Parents regarding sexual and reproductive health issues in slums.

CHAPTER-VI

- Consciousness about sexual and reproductive health issues among adolescent girls and their parents in slums.

CHAPTER VII

- Summary and Conclusion
- Bibliography

REFERENCES

- Aradhya Gayatri Hemanth (2013), Adolescent Health: present Status and Its Related Programmes in India. Are We in the Right Direction, Journals of Clinical and Diagnostic Research, JCDR Research & Publication Pvt. Ltd.
- Barnes, L.H and Olson D.H (1985) Parent- Adolescent Communication and the Circumflex model, Child Development, Family Development and the Child, 2(56) 438-447Published.
- Burgess, V., Dziegielewski, F.S., Green, E.C., (2005) Improving Comfort about Sex Communication between Parents and their Adolescents: Practice-Based Research within a Teen Sexuality Group: The Journal of Brief Treatment and Crisis Interventions.
- Chant Sylvia, Klett-Davis & Ramalho Jordana, (2017) Challenges and Potential Solution for Adolescent girls in Urban Settings: A Rapid Evidence Review, Gage- Gender & Adolescence: Global Evidence.
- Christopher Elphis (1998), Sexuality and Birth Control in social & Community work, Maurice Temple Smith.
- Cooper, C, R., Grotevant, H, D., Moore, M., & Condon, S, M, (1982, August) Family Support and Conflict: both faster adolescent identity and role taking. Paper presented at the meeting of the American Psychological Association, Washington, D. C.
- Dhadave M.S (1989), Sociology in Slum, SandeepLaal Printed.
- Eram Uzma (2017), Review Article on Hygienic Practices in Adolescent Girls, International Journal of Science, Engineering and Technology Research (IJSETR)
- Garg Suneela & Tanu Anand (2015), Menstruation related Myths in India: Strategies for Cobating it, Journal of Family Medicine and Primary Care, Medknow Publication.
- Ingersoll Grey M (1989), Adolescents, Englandwood Cliff, New Jeresy.
- Jain Narmada, Singhal Meghna (2017), Sexual Communication and Attitude towards Sexual and Reproductive Health of Parent- Adolescent dyads, J. Journal association Child Adolescents Mental Health
- Jhansi S.C (2010), Women and Reproductive Health – An Educational Insight in the New Millennium, Shipra Publication, New Delhi.
- Khopkar Sushma A, Virtanen Suvi M & Kulathinal Sangita (2014),

Anthropometric Characteristics of Underprivileged Adolescents: A Study from Urban Slums of India, Journal of Anthropology Volume, Article ID 197048.

- Mahale Meera N (1987), The Adolescents: Their Family Situations and the Education, K.M Mittal, Mittal Publications, Delhi.
- McCANDLESS Body R, (1970), Adolescents Behavior and Development, the Dryden press Inc., Hinsdale, Illinios.
- Mohite Rajsinh V & Mohite Vaishali V (2016), Menstruation Hygiene Practices among Slum Adolescent girls, International Journal of Community Medicine and Public Health.
- Rajpal Shobhita, Mathur Kanchan (2017), Breaking the Silence around Menstruation: Experience of Adolescent Girls in an Urban Setting in India, Gender and Development, Routledge, Tylor & Francis Group.
- Sugar Max (1979). Female Adolescent Development, Brunner/ Mazel Publishers, New York.
- Singh Sunitha&Gopal Krishna Gururaj (2014), Health behavior & Problems among young people in India: Cause for Concern & Call for Action, The Indian Journal of Medical Research, Medknow Production.
- Weiner Irving B. (1970). Psychological Disturbance in Adolescence, John Wiley & Sons, America.